

### Medical Homes Working Group Meeting Notes 8.31.11

On the Phone: **Kristin Mailloux**, EBMS; **Dr. Jay Larson**, Independent Provider; **Dr. Bill Pfingsten**, Bozeman Deaconess; **Janice Gomersall**, American Academy of Family Physicians; **Lisa Wilson**, PLUK; **Pat Murdo**, Legislative Services; **Dr. Rob Stenger**, Province Medical Group; **Kristin Juliar**, HealthShare MT; **Todd Lovshin**, Allegiance; **Bernadette Roy**, Partnership Health Center; **Marie Hamilton, RN**, Bozeman Deaconess Hospital; **Paul Cook**, Rocky Mountain Health Network; **Kristina Davis**, Children's Defense Fund; **Denise Brunett**, DPHHS; **Dr. Doug Carr**, Billings Clinic

In Person: **Paula Block**, Primary Care Assoc.; **Dr. Jonathon Griffin**, St. Peter's Medical Group; **Wendy Strum**, DPHHS; **Janice Mackensen**, Mountain Pacific Quality Health; **Mary Noel**, DPHHS; **Dr. Bob Shepard**, New West; **Dr. Jerry Speer**, Benefis Health System; **Chuck Butler**, MCHA; **Christine Kaufmann**, CSI; **Amanda Roccabruna Eby**, CSI

### Discussion of Advisory Council

Working Group members agreed that the PCMH Advisory Council membership should achieve a balance of representation from the variety of interests participating in the working group and that the total number is not a concern. The council will be established before the next meeting on September 14<sup>th</sup>, which will be the first official meeting of the council.

### Discussion of the framework for payment and anti-trust memo from Christina Goe of CSI

Discussion ensued on possible methods to establish a framework for payment that does constitute price setting, and thus does not run afoul of anti-trust laws. A member suggested providers might hire their own private case managers or care coordinators and charge insurance companies a fee. Dr. Shepherd commented on the overlap of the five different payment components that medical homes use across the country: 1) fee for service, 2) quality bonus for meeting certain targets which will be determined by the performance measures we will discuss, 3) per-member-per-month either spread across the patient population or only across the intensively-managed patients, 4) a shared-savings calculation, and 5) care management. We can agree on a methodology for a shared savings model and agree on a framework for per member per month, without setting prices. Most insurance companies also have some case management expertise while many practices don't have this expertise so it would require working together.

The Working group decided other experts from outside the PCMH Advisory Council should be asked to participate in subcommittees to provide their perspective and expertise.

**Decision: The Framework for Payment committee includes the following members: Dr. Tom Roberts, Dr. Paul Cook, Dr. Bob Shepherd, Dr. Jerry Speer, Dr. Jay Larson, Dr. Fred Olson, Kirstin Mailoux, and Dr. Jonathon Griffin.**

One member expressed the importance of providers being included as well as payer experts. A chairperson will be appointed later.

### Discussion on Timeline and Structure

The working group discussed the timeline for having a pilot project up and running. Members were reminded of a work plan drafted in March 2011 calling for the pilot to be running by January of 2012. One member suggested that was a very aggressive timeline and suggested to begin with Medicaid in July of 2012. Others suggested doing more research first on how other states deal with ongoing issues once their medical home is established, such as legislation needed to create an authority for a commission to manage the medical homes, legal structure, and anti-trust.

The group discussed the need to establish a private non-profit or quasi-governmental structure to oversee the project. A member expressed the importance of a commission having the authority to develop fundamentals as pilot projects progress. It seemed evident that the working group/advisory council step up their activities to meet the work plan timeline.

**Decision: That the PCMH Advisory Council or its subcommittees meet every Wednesday beginning immediately at 1:00 pm for up to three hours. The time may be divided between the full Advisory Council and one or more subcommittees. The Quality Metrics (QM) Subcommittee will meet later today and again next Wednesday, the 7<sup>th</sup> but at noon for 1-1.5 hours to accommodate schedules. Starting on the 14<sup>th</sup>, the full Advisory Council will hold its initial meeting for one hour and the Framework for Payment (FP) Subcommittee will meet immediately following. There will be no meetings on the September 21<sup>st</sup> because many members are attending MPCA conference with Dr. Ed Wagner. The QM and FP Subcommittees will divide the time on the 28<sup>th</sup>. The subcommittees can still meet here at CSI but someone on each subcommittee must record the highlights of the discussion as the regular CSI staff cannot be present.**

### Report on potential educational tour and survey

Commissioner Lindeen has asked the working group to join her in sponsoring an educational tour in several cities across the state to gather interest from providers about medical homes and begin to coordinate disparate efforts. The events would likely take place at the hospitals where the majority of primary care providers are employed. The MHA and MPCA have agreed to co-sponsor the events and are discussing holding them in late October or early November. Hospitals and other Associations and groups will be asked to participate—both financially and with communication.

One member suggested inviting the public in addition to providers to attend community discussions on medical homes on the educational tour. The group discussed the need for separate meetings given the different scheduling needs, level of understanding and focus required. Members commented on other community forums that might be used to get information out to the public. One member suggested running two back to back programs – one geared toward providers, and one geared toward the general public.

TransforMed, who has assisted the working group from time to time, has offered to help with the educational events at a reasonable cost. Members discussed other consultants that do similar work. CHC's are working with Qualis; Group Health Common Wealth and APS were also suggested. All have

worked in state. The group noted that we need to be careful about appearing to endorse one consultant group over another. CSI will get back with some cost estimates.

#### Quality Metrics Subcommittee's direction and context – Dr. Shepard

Dr. Shepard reminded the working of the tasks it had outlined for the Quality Metrics Subcommittee. Although we have adopted the NCQA standards, they are not complete for all conditions. This information must be gathered along with data on where Montana practice currently measures if we are to set meaningful benchmarks for performance. We need to check to see if NCAQ measures are aligned with the data repository data to see how the measures will be calculated – no point in worrying about those exact standards until after we have the data from the data repository. The group needs to know what is in the repository, who and how it will be managed before it can look at measures. We have to agree on what the standard demographics will be in the data repository.

Agreement on the data repository needs to be made soon so we can proceed. BCBS is still working on consolidating the pros and cons of DocSite and MD Data Core from the RFP that ended in July. Fred Olson was not ready to report on this information yet, but may be able to report at the September 14<sup>th</sup> meeting. The provider community has to drive the repository choice because it is a look, feel, and display issue more than a technical issue. CSI staff will resend the survey tool and providers were asked to call Dr. Olson directly if they wished.

We need to figure how we want to use the data and with what benchmark we want to start. Dr. Shepard would like to see us above the 50<sup>th</sup> percentile in everything.

**Quality Metrics subcommittee- Bob Shepard, Paula Block, Jonathon Griffin, Doug Carr, Janice Mackenson, Janice Gomersall, Beradette Roy, Marie Hamilton, Fred Olson, Rob Stenger**

#### Announcements

Dr. Jay Larson announced that he will be leading a roundtable on medical homes at the MMA conference in Helena next Friday September 9<sup>th</sup>. Dr. Griffin is giving a talk on patient-centered medical homes at St. Peter's on Sept. 16<sup>th</sup> and it is a CME event.

The Working Group adjourned and the Quality Metrics Subcommittee opened its meeting.

### Quality Metric Subcommittee Meeting 8.31.11

Bob Shepard led this discussion by outlining the initial priorities for the group, which identified the following areas for immediate consideration:

- Where can we get the data?
- What demographic data do we use to define the eligible population for each standard?
- How do we measure appointment availability, improving access, more time with PCP and less at urgent care or ER, and patient satisfaction
- How do we assign patient to providers – make sure we are only measuring one particular provider's patient population?
- We should only use PA's or Nurse Practitioners that work for primary care providers
- Roughly 50% of people have never seen a doctor or have only seen a specialist. How do we assign them a PCP?
- There are three possible ways to make the assignments:
  - Claims assessment
  - Provider selection
  - Patient selection.
- Each has difficulties and drawbacks; This group should talk about the pros and cons. If we don't assign patients to providers we aren't going to be able to measure data.
- How do we do comparisons? – across groups of providers- practice to practice
- Some of these questions need to be answered so we can be sure the data repository can be designed to accommodate the task
- Groups will have to identify all of their providers who are part of a medical home; then we can begin working on the attribution for just that subset of providers in the state.
- Provider selection within the pilot itself may be important to narrow the field down to a few selected providers so that issues are a little more manageable.
- Through the contract and certification at the medical home level, get the pilot running through “the coalition of the willing” and then entice people to get involved by showing how they are paid.

Bob provided a mechanism for evaluating how we will get there. The group will meet for about an hour next week at CSI to try to start working on some of the standards. Bob will also send an example of what the standard might look like and what we need to think about. The group will meet at noon next week and just look at three or four measures. The group will start going through each to be determined measure.